

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LEONCZYK FOR CONGRESS

ADDRESS (number and street)

PO BOX 77308

Check if different  
than previously  
reported. (ACC)

CHARLOTTE

NC

28271

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00515015

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KENNETH GEORGE JR LEONCZYK

Signature of Treasurer

KENNETH GEORGE JR LEONCZYK

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**LEONCZYK FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8125.00	69623.00
(b) Total Contribution Refunds (from Line 20(d)) .....	12500.00	12500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-4375.00	57123.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	18388.29	56596.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	500.00	606.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	17888.29	55990.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1132.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	14546.07	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 21

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**LEONCZYK FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6750.00

67248.00

(ii) Unitemized.....

1375.00

1375.00

(iii) TOTAL of contributions from individuals ▶

8125.00

68623.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8125.00

69623.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

500.00

606.18

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

8625.00

70229.18

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18388.29	56596.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	12500.00	12500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12500.00	12500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	30888.29	69096.77

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23395.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8625.00
25. SUBTOTAL (add Line 23 and Line 24).....	32020.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30888.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1132.41

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LEONCZYK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lay DeLisa</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2012		
Mailing Address 2000 South Eads Street			<b>Transaction ID : SA11AI.4114</b>		
City	State	Zip Code			
Arlington	VA	22202			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			2000.00		
Name of Employer Gibson, Dunn and Crutcher LLP		Occupation Attorney			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			
		2000.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ty Doyle</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2012		
Mailing Address 904 A Birdsall Street			<b>Transaction ID : SA11AI.4333</b>		
City	State	Zip Code			
Houston	TX	77007			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			250.00		
Name of Employer Smyser Kaplan Veselka LLP		Occupation Attorney			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			
		250.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>David Zachary Hudson</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2012		
Mailing Address 460 L Street			<b>Transaction ID : SA11AI.4118</b>		
City	State	Zip Code			
Washington	DC	20001			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			250.00		
Name of Employer Bancroft PLLC		Occupation Attorney			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			
		250.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2500.00		
<b>TOTAL</b> This Period (last page this line number only).....					

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LEONCZYK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lane Martin</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2012	
Mailing Address 2122 Massachusetts Ave NW Apt 24 City Washington State DC Zip Code 20008		<b>Transaction ID : SA11AI.4112</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Occupation Retired			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael Mills</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2012	
Mailing Address 6007 Gentle Knoll Lane City Dallas State TX Zip Code 75248		<b>Transaction ID : SA11AI.4352</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Fletcher Farley Occupation Attorney			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Douglas Nappi</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2012	
Mailing Address 6007 Grove Drive City Alexandria State VA Zip Code 22307		<b>Transaction ID : SA11AI.4107</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Nappi & Hoppe, LLC Occupation Consultant			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LEONCZYK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Brian J Noone

Mailing Address 299 N Dunton Ave

Apt 209

City

Arlington

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ex Libris

Occupation

Support Manager

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2012

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

David Joseph Shaw

Mailing Address 625 C Street NE BSMT

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covington &amp; Burling

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2012

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Stephen Alexander Vaden

Mailing Address 1204 Short Street

City

Union City

State

TN

Zip Code

38261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patton Boggs LLP

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2012

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LEONCZYK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Todd Cornelius Zubler

A.

Mailing Address 3851 North Rixey Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmer Cutler Pickering Hale &amp;

Occupation

Lawyer

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : SA11Al.4362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

6750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)  
**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Digital Mouth**

Mailing Address 12115 Landing Green Drive

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 14 / 2012

Transaction ID : SA14.4366

Amount of Each Receipt this Period

500.00

Refund of Overpayment

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Kimberly Clemente**

Mailing Address 433 Maywood

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2012

City	State	Zip Code
Rock Hill	SC	29732

Amount of Each Disbursement this Period

912.00
--------

Purpose of Disbursement  
Reimbursement for MileageCategory/  
Type**Transaction ID : SB17.4290**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Kimberly Clemente**

Mailing Address 433 Maywood

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2012

City	State	Zip Code
Rock Hill	SC	29732

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Distribution of MaterialsCategory/  
Type**Transaction ID : SB17.4312**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Dwayne Cogdill**

Mailing Address Planters Ridge Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2012

City	State	Zip Code
Charlotte	NC	28270

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Design ServicesCategory/  
Type**Transaction ID : SB17.4313**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1562.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Design Cuisine**

Mailing Address 2659 Shirlington Rd

City	State	Zip Code
Arlington	VA	22206

Purpose of Disbursement  
Catering

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2012

Amount of Each Disbursement this Period

399.96
--------

Transaction ID : SB17.4262

**B. Digital Mouth**

Mailing Address 12115 Landing Green Drive

City	State	Zip Code
Charlotte	NC	28277

Purpose of Disbursement  
Web Services

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2012

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.4240

**c. Digital Mouth**

Mailing Address 12115 Landing Green Drive

City	State	Zip Code
Charlotte	NC	28277

Purpose of Disbursement  
Web Services

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 11 / 2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4365

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2399.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Travis Hutchinson**

Mailing Address 2605 Willowdale Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement  
Distribution of Materials

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2012

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.4306

**B. Travis Hutchinson**

Mailing Address 2605 Willowdale Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement  
Distribution of MaterialsCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2012

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.4314

**C. KENNETH GEORGE JR LEONCZYK**

Mailing Address 3119 WESTNEDGE DRIVE APT 1210

City	State	Zip Code
CHARLOTTE	NC	28226

Purpose of Disbursement  
Reimbursement for Travel Meals and Office Equipment

001

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: NC

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4374

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

625.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Next Day Flyers**

Mailing Address 18711 South Broadwick Street

City State Zip Code  
 Compton CA 90220

Purpose of Disbursement  
 Printing/Shipping

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 25 / 2012

Amount of Each Disbursement this Period

854.62

Transaction ID : SB17.4241

## **B. Next Day Flyers**

Mailing Address 18711 South Broadwick Street

City State Zip Code  
 Compton CA 90220

Purpose of Disbursement  
 Printing/Shipping

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 26 / 2012

Amount of Each Disbursement this Period

835.98

Transaction ID : SB17.4244

## **c. Next Day Flyers**

Mailing Address 18711 South Broadwick Street

City State Zip Code  
 Compton CA 90220

Purpose of Disbursement  
 Printing/Shipping

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 03 / 2012

Amount of Each Disbursement this Period

924.95

Transaction ID : SB17.4247

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2615.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Patton Boggs LLP**

Mailing Address 2550 M Street NW

City	State	Zip Code
Washington	DC	20037

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4261

**B. Patton Boggs LLP**

Mailing Address 2550 M Street NW

City	State	Zip Code
Washington	DC	20037

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4331

**c. Patton Boggs LLP**

Mailing Address 2550 M Street NW

City	State	Zip Code
Washington	DC	20037

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4330

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Office Equipment

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2012

Amount of Each Disbursement this Period

1120.82
---------

Transaction ID : SB17.4248

**B. Piryx**Mailing Address 401 W. 15th Street  
Ste 520

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4370

**c. John Snyder**

Mailing Address 6000 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement  
Reimbursement for Travel

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2012

Amount of Each Disbursement this Period

110.42
--------

Transaction ID : SB17.4307

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1531.24



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. John Snyder**

Mailing Address 6000 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement  
Reimbursement for Food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2012

Amount of Each Disbursement this Period

36.12
-------

Transaction ID : SB17.4308

**B. John Snyder**

Mailing Address 6000 Fairview Rd

City	State	Zip Code
Charlotte	NC	28210

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4311

**c. The Brick Factory**Mailing Address 1726 M Street, NW  
Suite 201

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Web Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2012

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4323

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2786.12



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. C. Boyden Gray**

Mailing Address 1627 I Street NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Refund of Contribution

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB20A.4318

**B. C. Boyden Gray**

Mailing Address 1627 I Street NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Refund of Contribution

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) Runoff

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB20A.4378

**c. Patrick Noone**

Mailing Address 17501 Vineland Ave

City	State	Zip Code
Monte Sareno	CA	96030

Purpose of Disbursement  
Refund of Contribution

010

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB20A.4327

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LEONCZYK FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KENNETH GEORGE JR LEONCZYK**

Nature of Debt (Purpose):

Travel Meals and Office Equipment

Mailing Address 3119 WESTNEDGE DRIVE APT 1210

City State

Zip Code

CHARLOTTE

NC

28226

Outstanding Balance Beginning This Period

9170.81

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

8670.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KENNETH GEORGE JR LEONCZYK**

Nature of Debt (Purpose):

Travel Meals and Office Equipment

Mailing Address 3119 WESTNEDGE DRIVE APT 1210

City State

Zip Code

CHARLOTTE

NC

28226

Outstanding Balance Beginning This Period

1025.26

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1025.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KENNETH GEORGE JR LEONCZYK**

Nature of Debt (Purpose):

Travel Meals and Office Equipment

Mailing Address 3119 WESTNEDGE DRIVE APT 1210

City

State

Zip Code

CHARLOTTE

NC

28226

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4375

Amount Incurred This Period

4850.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4850.00

1) **SUBTOTALS** This Period This Page (optional) ..... ►

14546.07

2) **TOTALS** This Period (last page this line number only) ..... ►

14546.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

14546.07